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APPLICANTS

Roger P. Jackson, Mission Hills, KS;

** CONTINUING DATA *****

None CCS

** FOREIGN APPLICATIONS *****

None CCS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/16/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	KS	DRAWING 2	CLAIMS 26	CLAIMS 8
Verified and Acknowledged	<i>CCS</i>	Initials			

ADDRESS

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TITLE

Threadform for medical implant closure

FILING FEE RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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